OCIA for Children & Teens.

*If baptized-attach copy of baptismal Certificate

Registered in Parish Y N Last Name:	
Name of Child:	
Place of Birth: (city / state)	
School Attending:	
Grade:DOB:Age:	
Mother's Name, with maiden name in () :	_
Father's Name:	-
Address:	
Гelephone: Cell Phone:	
E-Mail Address:	
Mother's Church Affiliation, If any:	
Father's Church Affiliation, if any:	
Registered for Faith Formation or in School: Y N	
Previous formation: Y N	
Favorite Color: Hobby / sport:	
Baptized: Y N: (what denomination)	
Mother's Faith History: Baptized Eucharist Confirmation Marria	ıge
Father's Faith History: Baptized Eucharist Confirmation Marria	ıge

What do you know about Jesus?
What do you like about the Catholic Faith?
Do you have a favorite story in the bible?
What would you like to learn about in the Catholic Faith?
Who is a role model for you? Why?
What is your favorite class in school?
Why?
What are your favorite things to do:
How do you like to be taught or how do you learn best?